

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90382 009 ***150.00

DOCUMENT # P00000043308

1. Entity Name

JAYTEL, INC.

Principal Place of Business

**C/O JAY R. PATEL
4515 VILLAGE WOOD DR
ORLANDO FL 32835**

Mailing Address

**C/O JAY R. PATEL
4515 VILLAGE WOOD DR
ORLANDO FL 32835**

2. Principal Place of Business

7701 UNIVERSAL BLVD

Suite, Apt. #, etc.

3. Mailing Address

7701 UNIVERSAL BLVD

Suite, Apt. #, etc.

ORLANDO T

City & State

ORLANDO

City & State

ORLANDO

4. FEI Number

59-3693901

Applied For

Not Applicable

Zip

32819

Country

U.S.A

Zip

32819

Country

U.S.A

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PATEL, JAY R
4515 VILLAGE WOOD DR
ORLANDO FL 32835**

Name **PATEL JAY R**

Street Address (P.O. Box Number is Not Acceptable)

7701 UNIVERSAL BLVD

City

ORLANDO

FL

Zip Code

32819

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/20/01

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **PATEL, JAY R**
STREET ADDRESS **C/O JAY R. PATEL**
CITY-ST-ZIP **ORLANDO FL 32835**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/01

Date

407 963 1073

Daytime Phone #

CR2E034 (10/00)